## RESI AVAILABLE COPY

| PATENT APPLICATION FEE DETERMINATION RECORD                                           |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      |                |      |                        |    | ocket 140m          |                        |
|---------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------|--------------------------------------|----------------|------|------------------------|----|---------------------|------------------------|
| Effective October 1, 2001                                                             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      |                |      | 10/                    | 0  | 13,1                | 65                     |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                        |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      | SMAL<br>TYPE   | LEN  | ITITY                  | OR | OTHER               |                        |
| TOTAL CLAIMS                                                                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19               |                              |                           |                                      | RAT            | Ε    | FEE                    |    | RATE                | FEE                    |
| FOR                                                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER FILED     |                              | NUMBER EXTRA              |                                      | BASIC          | FEE  | 370.00                 | ОЯ | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 4 minus 20=    |                              | * G                       |                                      | X\$ :          | 9=   |                        | OR | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                    |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ) m              | inus 3 =                     | * 0                       |                                      | X42            | !=   |                        | OR | X84=                | Å                      |
| ML                                                                                    | LTIPLE DEPEN                                   | DENT CLAIM P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RESENT           |                              |                           |                                      | .14            |      |                        |    | . 200-              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      | +14            |      |                        | OR | +280=               | 7//2                   |
| CLAIMS AS AMENDED - PART II                                                           |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      |                | AL   |                        | OR | TOTAL               | 740                    |
| (Column 1) (Column 2) (Column 3)                                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      |                | LLE  | ENTITY                 | OR | SMALL               |                        |
| ENTA                                                                                  |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY              | PRESENT<br>EXTRA                     | RAT            | Έ    | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                             | Total                                          | . 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minus            | ** 3                         | 10                        | =-0                                  | X\$ 9          | )=   |                        | OR | X\$18=              |                        |
|                                                                                       | Independent                                    | . 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus            | ***                          | 3                         | = "                                  | X42            | =    |                        | OR | X84=                |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      |                | )=   |                        | OR | +280=               |                        |
|                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      |                | TAL  | _                      |    | TOTAL               |                        |
|                                                                                       |                                                | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | (Colu                        | mn 2)                     | (Column 3)                           | ADDIT.         | FEE  |                        |    | ADDIT. FEE          |                        |
| AMENDMENT B                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | HIGH<br>NUM<br>PREVI<br>PAID | IEST<br>BER<br>OUSLY      | PRESENT<br>EXTRA                     | RAT            | Ε    | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | . 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minus            | ** 6                         | 20                        | = 0                                  | X\$ 9          | =    |                        | OR | X\$18=              |                        |
|                                                                                       | Independent                                    | * 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus            | ###<br>DCM:DCM:              | 3                         | = 0                                  | X42            | =    |                        | OR | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      | +140           |      |                        | OR | +280=               |                        |
|                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      | TO<br>Addit. 1 | TAL  |                        | OR | TOTAL<br>ADDIT. FEE |                        |
|                                                                                       |                                                | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | (Colu                        |                           | (Column 3)                           | N.             |      |                        |    |                     |                        |
| AMENDMENT C                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | NUM<br>PREVIO                | BER<br>DUSLY              | PRESENT<br>EXTRA                     | RAT            | E    | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| MQ.                                                                                   | Total                                          | . 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minus            | ** 0                         | ID_                       | <i>□</i>                             | X\$ 9          | =    |                        | OR | X\$18=              |                        |
| ME                                                                                    | Independent                                    | . 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus            | ***                          | 3                         | =0                                   | X42            | _    |                        | ÓR | X84=                |                        |
| FIRST PRESENTATION OF MOLTIPLE DEPENDENT COMM                                         |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      |                |      |                        |    | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                           |                                      |                |      |                        |    |                     |                        |
| •                                                                                     | f the entry in colu                            | mn.1 is less than t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ne entry in coli | umn 2, write                 | on in col                 | umn 3.                               | TO             | TAL  |                        | ~C | TOTAL               |                        |
| **                                                                                    | If the "Highest Nu                             | mn 1 is less than the moder Previously Parties Previously Previously Parties Previously Parties Previously P | aid For" IN TH   | IS SPACE I                   | s less tha<br>is less tha | n 20, enter "20."<br>n 3. enter "3." | ADDIT. F       | EE L |                        |    | TOTAL<br>ADDIT, FEE |                        |